



**Testimony in support of
HB No.7052 AN ACT PREVENTING PRESCRIPTION OPIOID DIVERSION AND ABUSE
21 February 2017**

Senators Leone, Witkos, Representative Baram, and members of the committee, I'm Shawn Lang, and I'm the Deputy Director with AIDS CT, and I also have chaired a statewide Opiate Overdose Prevention Workgroup for the past four years. I'm here to support SB 7052 an Act Preventing Prescription Opioid Diversion and Abuse.

CT has passed legislation over the last two years that addresses various aspects of the opioid epidemic which Senator Blumenthal has called a "hurricane". While those changes were much needed and have helped to address the issue, we are still in the midst of a crisis.

Between 2009 –2015, there were **over 2,600 accidental and unintentional opioid involved deaths that occurred in 152 of Connecticut's 169 cities and towns.** The demographic breakdown is: 70% male, 84% white, mean age of 40 years, 70% pharmaceutical opioid involved, increase in heroin between 2012- 2014. **82% of those overdoses occurred in a residence.** (Dr. Laretta Grau, Yale University – data from the Office of the Chief Medical Examiner)

I'm going to focus on two key aspects of this proposed legislation. Disposal of unused medications, and patient education by a prescriber.

Allowing a registered nurse who is employed by a home health agency to properly dispose of unused medications will fill a much needed gap, and get those unused medications out of homes where they could be diverted or misused by the patient or another family member. This proposed change would do much to further curb the diversion of prescription opiates. In the 2013 and 2014 National Survey on Drug Use and Health (NSDUH), 50.5% of people who misused prescription painkillers got them from a friend or relative for free.

Requiring prescribers to educate patients about the risk of opiates, including risk of addiction and overdose, the dangers in mixing opiates with alcohol, benzodiazepines and other depressants. I know high school and college aged students who were given a 30 day supply of Vicodin after having their wisdom teeth out. We know that many prescribers don't assess whether or not a patient has any history of substance use; don't provide the kind of education contained in this proposal; nor do they offer a co-prescription for Narcan, which is the medication that can reverse an overdose. Up until recently, there were only four medical schools in the country that had required coursework on safely prescribing opiates and pain management. This is slowly changing, but not fast enough. This proposed requirement will ensure that prescribers are taking some steps in preventing misuse of opiates and, hopefully overdoses.

Thank you. I'd be happy to answer any questions you may have.